STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 3 1 2018

I. Name of Lobbyist(s)	Donald	Baldini
1. I will of Boody ist(b)		

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

				DEFAINTMEN
	lobbyist's partnership, firm or co	orporation, if a	ny:	
Liberty	Mutual Insurance			
4	(Name of partnership, firm or co	•		
175	Berkeley Street		MA	02116
Business Add	, ,	(Town/City)	(State)	(Zip Code)
_() 613	7-574-5867 ()		e-mail donald.bal	dini@libertymutual.com
(Te	elephone)	(Fax)	<u> </u>	
reportable e —	tement covers: (Choose one – file expense transactions which are no table transactions occurring in the	ot attributable t	to any one client).	
-	Mutual Insurance	montals prior to	me reporting date relative to the	e tonowing enem.
	(Full Name of Client as it	appears on the Lo	bbyist Registration Form)	
<u>OR</u>				
•	table transactions by the lobbyist (i any particular client.	ncluding the lob	byist's family), or the lobbying	firm listed below which a
V. Date of			July 25, 2018 🗍	
Reports cover	· · · · · · —	10 3/31/18	activity from 4/1/18 to 6/30/18	
	October 31, 2018 activity from 7/1/18 to 9/30.	/12	January 30, 2019 activity from 10/1/18 to 12/31/	/1 <i>R</i>
	activity from 77710 to 7750.		uciy j. om 10/1/10 to 12/31/	
	ave been no fees received and checked, complete just this form at 1 03301.			
VI. Check if	additional reports are attached:			
	ave received fees or made expendit	ures, you must fi	ile Addendum A- Fees and Ex	spenses .
•	ave paid an honorarium or reimburs mbursement	sed expenses, yo	u must file Addendum B – Rep	port of Honorariums or
☐ If you, y	our firm, or your family has made	political contribu	utions, you must file Addendu	m C- Political Contributio
Sworn State I have read F	ement/Affirmation by Lobbyist RSA 15, RSA 15-B, RSA 14-C and to the best of my knowledge and of lobbyist)	RSA 664 and he		oregoing information is
			(Dat	e)
Donald	Baldini			
(Print Name	of lobbyist)			